

Updated Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Title:: BUSINESS INQUIRIES AND OPERATIONS

MESSAGING SERVICE

Attorney Docket Number:: M61.12-0542

Request for Non-Publication?:: No
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 7

Small Entity?::

Petition included?::

Petition Type::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Denmark
Given Name:: Carsten
Family Name:: Sorensen

Name Suffix::

City of Residence:: Kirke Saaby

State or Province of Residence::

Country of Residence:: Denmark

Street of Mailing address:: Fynsvej 6

City of Mailing address:: Kirke Saaby

State of Province of mailing address::

Country of mailing address:: Denmark

Postal or Zip Code:: 4060

Correspondence Information

Name:: Joseph R. Kelly

Street of mailing address:: Westman, Champlin & Kelly

900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis State or Province of mailing address:: MN

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Phone number::

612/334-3222

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jkelly@wck.com

Representative Information

Representative	Registration	Representative Name:	
Designation::	Number::		
Primary	20147	Nickolas E. Westman	
Primary	34797	Judson K. Champlin	
Primary	34847	Joseph R. Kelly	
Primary	36188	Steven M. Koehler	
Primary	34557	David D. Brush	
Primary	38354	John D. Veldhuis-Kroeze	
Primary	39758	Theodore M. Magee	
Primary	35612	Deirdre Megley Kvale	
Primary	42413	Christopher R. Christenson	
Primary	41885	Brian D. Kaul	
Primary	45466	Nathan M. Rau	
Primary	45844	Christopher L. Holt	
Primary	45956	Alan G. Rego	
Primary	48516	Todd R. Fronek	
Primary	49027	Linda P. Ji	
Primary	53675	Leanne R. Taveggia	
Primary	24383	Robert M. Angus	
Primary	32015	David C. Bohn	
Primary	30214	Z. Peter Sawicki	

Primary	48774	Peter J. Ims
Primary	51655	Bryan F. Erickson

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name::

Microsoft Corporation

Street of mailing address::

One Microsoft Way

City of mailing address::

Redmond

State or Province of mailing address::

Washington

Country of mailing address::

US

Postal or Zip Code of mailing address::

98052